

REQUEST FOR EXCLUSION

RE: *Steven W. Lemmings and City of Pryor Creek, et al., on behalf of themselves and all other persons similarly situated v. Second Chance Body Armor, Inc., Toyobo Company, Ltd., Toyobo America, Inc., Oklahoma Police Supply, Inc., Oklahoma Police Supply, LLC, et al, Case No. CJ-2004-62, The Honorable James D. Goodpaster, Judge*

I understand that I or my organization may be a member of a Class of persons and entities who purchased, possess or own a bullet proof vest manufactured by Second Chance Body Armor, Inc. ("Second Chance") which contains Zylon®, a fiber manufactured and sold by Toyobo Company, Ltd. ("Toyobo"). I understand that these vests were sold by Second Chance and its distributors under the names Ultima, Ultimax and Triflex. I understand that certain legal claims have been asserted on behalf of the Class in the Lawsuit described above. I understand that I have the right to exclude myself or my organization from the Class by following the instructions below.

I have read the Notice regarding the Class Action litigation of the Related Actions. I am sufficiently advised of my rights to remain in the Class and be bound by any judgment rendered therein. I **do not** wish to be a Member of the Class. By opting out, I am excluding myself from the binding effect of judgment and from all consideration available to Class Members. I also realize that if I exclude myself from the Class by opting out and subsequently choosing to bring an independent action, I will be responsible for choosing and compensating my own attorney(s) and that the statute of limitations for bringing claims set forth in this litigation will again begin to run from the date of my request for exclusion.

I understand that this REQUEST FOR EXCLUSION must be **completed and returned** by first class mail, **postmarked on or before September 9, 2005**, to:

Zylon Class Administrator
P.O. Box 1700
Faribault, MN 55021-1700
(877) 567-2754 - www.zylonvestclassaction.com

In submitting this REQUEST FOR EXCLUSION, I state that the information provided below is true and correct. I further represent and understand that I am submitting this REQUEST FOR EXCLUSION for myself, or that I am authorized to submit this REQUEST FOR EXCLUSION on behalf of the entity listed below.

INDIVIDUALS

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Country, if not US _____

Agency Name: _____

Address: _____

City _____ State _____ Zip Code _____

Country, if not US _____

Home Phone: (____) ____ - ____

Work Phone: (____) ____ - ____

Model & NIJ Threat Level: _____

Front Panel Serial Number: _____

Front Panel Size: _____

Back Panel Serial Number: _____

Back Panel Size: _____

Printed Name: _____

ORGANIZATIONS

Agency Name: _____

Address: _____

City _____ State _____ Zip Code _____

Country, if not US _____

Phone (____) ____ - ____

Number of vests purchased: _____

Contact Person: _____

Work Phone: (____) ____ - ____

Model & NIJ Threat Level: _____

Front Panel Serial Number: _____

Front Panel Size: _____

Back Panel Serial Number: _____

Back Panel Size: _____

Signature: _____

Zylon Class Administrator
PO Box 1700
Faribault MN 55021-1700

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